Quick Report for Psychiatric Emergency Rooms

Robert S. Kennedy, M.A.
Department Of Psychiatry
Albert Einstein College Of Medicine, Bronx, New York

ABSTRACT

Translating and pre-digesting the volumes of data from a psychiatric emergency room database into a simple, easy-to-review "quick report" offers a different approach to a rapid review of patient information. Clinicians from psychiatric emergency rooms in New York City were asked to describe the minimal amount of information they would wish to review from previous clinical visits. The smallest report was then constructed to offer the most information.

INTRODUCTION

Working in a Psychiatric Emergency Room places demands on staff to triage a patient with as much information as possible as quickly as possible. There is frequently a need for fast decisions. Traditionally, the clerk checks to see if the patient has had a previous visit and then he or she calls the medical record room to send the chart. This process can be time consuming and can delay appropriate treatment. This can be particularly crucial if the patient is a behavior problem, agitated or delirious.

BACKGROUND

One solution being explored at some of the Albert Einstein College of Medicine, New York, Psychiatric Emergency Rooms is the "quick report." Three of the Psychiatric ER's have a common database based on a scanned medical record[1]. The database contains information about each emergency room visit including such items as patient demographics, presenting symptoms, diagnosis, medications given, disposition etc. Having such a database makes it easy to look up information on a patient with prior visits and display it on screen or print out a clinical summary. Clinicians have requested a "just the facts" report with minimal but crucial information rather than a narrative type of summary report .

METHOD

The clinicians were asked what minimal crucial information would be most helpful from the database to assist them in reviewing information about a patient who presents at the ER and who has had previous visits. The items that the clinicians requested were reviewed and compiled into a "Quick Report". This report is available instantaneously via a printout or on screen from the database.

Initially, if you ask clinicians what information they want from a database, they usually respond "everything". Obviously, this would produce pages of data that would be difficult to read, especially if you wanted specific information in a hurry. Asking again, what information they need produced different results that opened a debate about necessary versus unnecessary information. After some discussions, a minimal data set was agreed upon.

The goal of creating this report was to list the most amount of important data (as deemed by the clinicians) in the least amount of space. Creating a small one-to-three line report seemed to be the most desirable type of print out that the clinical staff requested.

An interesting feature of this database is that information is stored in as little space as possible to keep storage demands at a minimum. The database generates information "on the fly", for example, a positive finding for a particular symptom will be recorded as a single digit then translated into a word or phrase as it is called to the screen or to a printed report. It is this speed and flexibility that can make a report such as this more powerful as a clinical assistant. Another interesting feature built into the emergency room database is the concept of an ALERT field. There are six ALERTS - serious medical illness, drug allergy/serious adverse reactions, history of criminal behavior, history of violent/assaultive behavior, history of serious suicidal behavior and history of giving false medical information. These alerts are important clinical "flags" that are incorporated into this report.

REFERENCES

[1] Salamon, I., Kennedy, R.S., A Clinical Information System for Psychiatric Emergency Rooms. <u>Hospital and Community Psychiatry</u>, , 43: 397-399, 1992